

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1	1					51						
2	1	1					52						
3	1	1					53						
4	1	1					54						
5	1	1					55						
6	1	1					56						
7	2	1					57						
8	2	1					58						
9	1	1					59						
10	1	1					60						
11	①	①					61						
12	0	1					62						
13	①	1					63						
14	⑧	1					64						
15	⑧	1					65						
16	1	1					66						
17	④	1					67						
18	⑧	1					68						
19	①	1					69						
20	①	1					70						
21	1	—					71						
22	1	1					72						
23	①	①					73						
24	①	1					74						
25	⑧	1					75						
26	①	1					76						
27	①	1					77						
28	①	1					78						
29	1	—					79						
30	1	1					80						
31	1	1					81						
32	1	1					82						
33	③	1					83						
34	1	—					84						
35	1	1					85						
36	1	1					86						
37	2	1					87						
38	2	1					88						
39	2	1					89						
40	①	1					90						
41	①	1					91						
42	1	—					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.		33					TOTAL DEP.						
TOTAL CLAIMS		23					TOTAL CLAIMS						